

FILED

U.S. DISTRICT COURT  
EASTERN DISTRICT ARKANSAS

FORM TO BE USED BY PRISONERS IN FILING A COMPLAINT  
UNDER THE CIVIL RIGHTS ACT, 42 U. S. C. Sec. 1983

JUL 07 2014

IN THE UNITED STATES DISTRICT COURT JAMES W. McCORMACK, CLERK  
DISTRICT OF ARKANSAS By: J. Brown  
DIVISION DEP CLERK

I. Parties

5:14-CV-265 JLH/HDV

JURY TRIAL  Yes  No

In item A below, place your full name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.

A. Name of Plaintiff: SYLVESTER O. BARRETT

ADC# 131311

Address: P.O. Box 1630, Malvern, Ar 72104

Name of Plaintiff: \_\_\_\_\_

ADC# \_\_\_\_\_

This case assigned to District Judge \_\_\_\_\_

Address: \_\_\_\_\_

Holmes  
Young

Name of Plaintiff: \_\_\_\_\_

ADC# \_\_\_\_\_

Address: \_\_\_\_\_

In item B below, place the full name of the defendant in the first blank, his official position in the second blank, his place of employment in the third blank, and his address in the fourth blank.

COMPENSATORY DAMAGE \$ 300,000

B. Name of Defendant: CHERI ELLIS

PUNITIVE DAMAGE \$ 400,000

Position: UNITED STATES DEPT. OF AGRICULTURE INSPECTOR OF EGG PROCESSOR

Place of Employment: CUMMING UNIT PRISON FARM

Address: P.O. Box 500, Grady, Ar 71644-0500

ORCU Legal Use Only

NAME OF DEFENDANT: AUNDREA WEEKLY COMPENSATORY DAMAGES \$300,000  
PUNITIVE DAMAGE(S) \$300,000

POSITION: SAFETY & SANITATION OFFICER

PLACE OF EMPLOYMENT: CUMMING(S) UNIT PRISON FARM

ADDRESS: P.O. Box 500, GRADY, AR 71644-0500

NAME OF DEFENDANT: DR. MOORE COMPENSATORY DAMAGE(S) \$300,000  
PUNITIVE DAMAGE(S) \$300,000

POSITION: PHYSICIAN OF C.M.S. AT CUMMING(S) UNIT

PLACE OF EMPLOYMENT: CUMMING(S) UNIT

ADDRESS: P.O. Box 500, GRADY, AR 71644-0500

NAME OF DEFENDANT: MARIE E. AUSTIN COMPENSATORY DAMAGE(S) \$300,000  
PUNITIVE DAMAGE(S) \$300,000

POSITION: HEALTH SERVICE(S) ADMINISTRATOR OF C.M.S.

PLACE OF EMPLOYMENT: CUMMING(S) UNIT

ADDRESS: P.O. Box 500, GRADY, AR 71644-0500

Name of Defendant: JASON BOYD COMPENSATORY DAMAGE<sup>(s)</sup> \$ 300,000  
PUNITIVE DAMAGE<sup>(s)</sup> # 100,000

Position: POULTRY / SWINE COMPANY INSPECTOR OR EGG PROCESS ROOM

Place of Employment: ARK. DEPT. OF CORR POULTRY / SWINE AT CUMMING UNIT

Address: P.O. Box 500, GRADY, AR 71644-0500

Name of Defendant: JOHN & JANE DOE COMPENSATORY DAMAGE<sup>(s)</sup> # 300,000  
PUNITIVE DAMAGE<sup>(s)</sup> # 450,000

Position: CUMMING UNIT HEN HOUSE SANITATION INSPECTOR OF 2012

Place of Employment: CUMMING UNIT PRISON FARM

Address: P.O. Box 500, GRADY, AR 71644-0500

Name of Defendant: CAPTAIN ANGELIKA SMARTESST COMPENSATORY DAMAGE<sup>(s)</sup> # 300,000  
PUNITIVE DAMAGE<sup>(s)</sup> # 300,000

Position: FOOD PREPARATION & SERVICE MANAGER

Place of Employment: CUMMING UNIT PRISON FARM

Address: P.O. Box 500, GRADY, AR 71644-0500

II. Are you suing the defendants in:

- Official capacity only  
 Personal capacity only  
 Both official and personal capacity

III. Previous Lawsuits

A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes  No

B. If your answer to A is yes, describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline.)

1. Parties to the Previous lawsuit:

Plaintiffs: SYLVESTER O. BARREE

Defendants: A. SMARTESSI, A. WEEKLY & M. AUSTIN

2. Court (If federal court, name the district; if state court, name the county):  
EASTERN
3. Docket Number: 5:13-CV-00225
4. Name of Judge to whom case was assigned: BETH DEERE & J. LEON HOLMES
5. Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?): DISMISSED WITHOUT PREJUDICE
6. Approximate date of filing lawsuit: JULY 23, 2013
7. Approximate date of disposition: JUNE 24, 2014

IV. Place of present confinement: OUACHITA RIVER CORR. UNIT

V. At the time of the alleged incident(s), were you:  
(Check appropriate blank)

- In jail and still awaiting trial on pending criminal charges  
 Serving a sentence as a result of a judgment of conviction  
 In jail for other reasons (e.g., alleged probation violation, etc.)

Explain: \_\_\_\_\_

VI. The Prison Litigation Reform Act (PLRA), 42 U.S.C. § 1997 e, requires complete exhaustion of administrative remedies of all claims asserted, prior to the filing of a lawsuit. There is a prisoner grievance procedure in the Arkansas Department of Correction, and in several county jails. Failure to complete the exhaustion process provided as to each of the claims asserted in this complaint may result in the dismissal without prejudice of all the claims raised in this complaint.

A. Did you file a grievance or grievances presenting the facts set forth in this complaint?

Yes  No \_\_\_\_\_

B. Did you completely exhaust the grievance(s) by appealing to all levels within the grievance procedure?

Yes  No \_\_\_\_\_

If Not, why? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## VII. Statement of Claim

State here (as briefly as possible) the Facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

ON OR ABOUT AUGUST OF 2012 THE ARK. DEPT. OF HEALTH INVESTIGATED AN EPIDEMIC OF SALMONELLOSIS, THE ARK. DEPT. OF HEALTH COLLECTED STOOL & FOOD SAMPLE(S), THEN CONDUCTED AN EPIDEMIOLOGIC INVESTIGATION THAT INCLUDED INMATE AND STAFF INTERVIEW(S) AND A CASE CONTROL STUDY TO IDENTIFY CO-ITEM(S) INVOLVED IN THE OUTBREAK. THERE WAS A TOTAL OF 215 INMATE(S) & 3 STAFF MEMBER(S) THAT WERE INTERVIEWED AND INFECTED BY SALMONELLOSIS, DUE TO FOOD PREPARATION & SERVICE(S) MANAGER ORDERING AND RECKLESSLY / DELIBERATELY MANAGING INADEQUATE FOOD AND CONDITION(S) (ANGELIKAS MARTESI). JOHN OR JANE DOE DID NOT ADEQUARTELY INSPECT & SANITIZE THE LUMMIN(S) UNIT HEN HOUSE(S) THAT CAUSED, PURSUANT TO THE ARK. DEPT. OF HEALTH EPIDEMIOLOGIC INVESTIGATION, THE LOCALLY GROWN EGG(S) TO BE COLONIZED W/ SALMONELLA THAT CAUSED THE OUTBREAK (SEE EXHIBIT B-5). THEN THRU THE PROPER PROCESS OF SAFETY & SANITATION, WHICH IS TO MEET STATE / FEDERAL CODE (EQUIPMENT). (SEE EXHIBIT C-1), CHERI LILLIS AND JASON BOYD RECKLESSLY AND OR DELIBERATELY DID NOT NOTIFY OR DOCUMENT THAT THE SAFETY & SANITATION EGG PROCESSOR DETECTED CONTAMINATION WITHIN THE PROCESS OF THE EGG(S) THAT CAUSED THE EPIDEMIC, WHICH WAS UNSAFE AND UNSANITARY THAT THEY FACILITATED, CONDONED, APPROVED AND OR TURNED A BLIND EYE TO THAT VIOLATE(S) THE 8TH AND 14TH AMEND. RIGHT OF THE PLAINTIFF. HUNDRE WEEKLY IS THE OFFICIAL SAFETY & SANITATION OFFICER (SEE EXHIBIT C-2) AND WAS PRESENT AT THE ARK. DEPT. OF HEALTH INTERVIEW AND HAD KNOWLEDGE OF ME CONTRACTING SALMONELLA (SEE EXHIBIT D) AND WAS IN CONTACT W/ THE MEDICAL CONSTITUENT(S) DR. MOORE AND MARIE AUSTIN, WHICH DID NOT PROVIDE ADEQUATE MED. SERVICES(S) / NO MED. SERVICES ONCE THEY WERE AWARE OF THE PLAINTIFF(S) SERIOUS MEDICAL NEED ON OR ABOUT 8-9-12, WHICH THE PLAINTIFF CONSUMED THE POISON FOR 51 OR MORE DAY(S) W/ NO MED ATTENTION WHEN THE PLAINTIFF KNOWINGLY HAD 8 KNOWN SYMPTOM(S) OF SALMONELLOSIS (SEE EXHIBIT B) AND TESTED POSITIVE FOR SALMONELLA TWICE. THERE KNOWINGLY W/ INADEQUATE SAFETY & SANITATION INSPECTION(S) BY HUNDRE WEEKLY AND THE SAID OFFICIAL(S), WHICH DEPRIVE(S) THE PLAINTIFF OF A BASIC HUMAN NEED OF MED. SERVICES(S), INADEQUATE FOOD, SAFETY AND SANITATION, WHICH ALL OFFICIAL(S) CAN CLEARLY SEE AND KNEW WOULD CAUSE ME SERIOUS HARM TO MY BODY AND CONSTITUTE A VIOLATION OF THE LAW.

## VIII. Relief

State briefly exactly what **YOU** want the court to do for **YOU**. Make **no legal arguments**.

Cite no cases or statutes. THE PLAINTIFF IS SEEKING 2.1 MILLION DOLLAR<sup>(S)</sup> IN COMPENSATORY DAMAGE<sup>(S)</sup> FOR THE ACTUAL INJURY OF PAIN & SUFFERING FROM THE SALMONELLOSIS SYMPTOM(S) THAT THE SAID OFFICIAL<sup>(S)</sup> WERE AWARE OF FOR 51 OR MORE DAYS<sup>(S)</sup> THAT THE PLAINTIFF DID NOT RECEIVE ANY MEDICAL ATTENTION, IN WHICH HE IS ENTITLED ~~████████~~ WHEN BEING HELD AGAINST HIS WILL BY THE STATE. THE PLAINTIFF IS ALSO SEEKING 2.45 MILLION DOLLAR<sup>(S)</sup> IN PUNITIVE DAMAGE<sup>(S)</sup> FOR THE SAID OFFICIAL<sup>(S)</sup> RECKLESS / DELIBERATE INDIFFERENCE TO THE PLAINTIFF<sup>(S)</sup> 14 TH & 8 TH AMENDMENT RIGHTS<sup>(S)</sup> THAT ARE WELL ESTABLISHED THRU THE UNITED STATE<sup>(S)</sup> CONSTITUTIONS. MORE OVER, THE PLAINTIFF IS REQUESTING THAT HE BE COMPENSATED ATTORNEY FEE<sup>(S)</sup> IN THE SUM OF A DAILY ATTORNEY RATE THAT IS TANTAMOUNT TO THE 1/3 PERCENTAGE THAT A PROSE / BARRED LITIGANT, etc IS ENTITLED TO FOR A SPECIALIST<sup>(S)</sup> REPRESENTATION.

I declare under penalty of perjury (18 U. S. C. § 1621) that the foregoing is true and correct.

Executed on this 26 day of JUNE, 2014.

Sylvester O. Barker

Signature(s) of plaintiff(s)

**UNIT LEVEL GRIEVANCE FORM (Attachment I)**Unit/Center CUMMINSName SYLVESTER O. BARRETT (EXHIBIT A-1)ADC# 13131 Brks # EAST BULD. Job Assignment N/A

FOR OFFICE USE ONLY

GRV. # CH-12-02823Date Received: 11-6-12GRV. Code #: 600

11-6-12 (Date) STEP ONE: Informal Resolution

11-9-12 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: THE MEDICAL CONSTITUENCY IS ALREADY AWARE OF ME BEING POISONED AS WELL AS THE HEALTH DEPT., DUE TO SUCH INSUBORDINANCE.

(Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm; emergency grievances are not for ordinary problems that are not of a serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. If an Emergency, state why: \_\_\_\_\_

*Is this Grievance concerning Medical or Mental Health Services? YES If yes, circle one: medical or mental  
**BRIEFLY** state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print): I HAVE BEEN HAVING CONSISTENT DIARRHEA WITH BLOOD INSIDE MY STOOL, ALSO SUFFERING FROM DEHYDRATION, PERIODIC EXCRUCIATING HEADACHES, NIGHT SWEATS, SEEING GREENISH BLUE SPOTS AND THE LACK OF SLEEP DUE TO THESE SYMPTOMS FOR THE PAST COUPLE OF MONTHS'. THE MEDICAL CONSTITUENCY HAD INFORMED ME THAT I HAVE BEEN POSITIVELY DIAGNOSED WITH THE FOOD POISONING CONTAGION SAMONELLA. I HAVE SUBMITTED TWO STOOL TEST THAT HAVE COME BACK POSITIVE AND ONE BLOOD TEST FOR THE INFECTIOUS SAMONELLA SINCE THE BEGINNING OF SEPTEMBER, THE HEALTH DEPT. HAS INTERVENED AND TAKEN ACTION IN REGARDS OF THE EPIDEMIC, DUE TO THE DISPENSATION OF INFECTED/CONTAMINATED MEAT PROVIDED BY THE A.D.C AT CUMMINS UNIT THAT IS DEADLY TO THE HUMAN BODY TO WHERE IT WAS PUBLICIZED STATE WIDE ON THE NEWS. THE ARK. DEPT. OF CORR. HAS LAWFULLY BREACHED THE ADMINISTRATIVE DIRECTIVE & ADMINISTRATIVE REGULATIONS' ON HEALTH AND FOOD SERVICES TO NO AVAIL, WHICH SHOWS UTTERLY THE INSUBORDINANCE OF THE SUPERLATIUE CONSTITUENTS OR THE ARK. DEPT. OF CORR. / CUMMINS UNIT. I NEVER WAS TREATED FOR THE CONTAGION, ONLY TOLD THAT IT WILL WORK IT'S WAY OUT AND THAT THE POISON WILL MINISH IN TIME.*

Sylvester O. Barre

Inmate Signature

11-6-12

Date

*If you are harmed/threatened because of your use of the grievance process, report it immediately to the Warden or designee.***THIS SECTION TO BE FILLED OUT BY STAFF ONLY**

This form was received on \_\_\_\_\_ (date), and determined to be Step One and/or an Emergency Grievance \_\_\_\_\_ (Yes or No). This form was forwarded to medical or mental health? \_\_\_\_\_ (Yes or No). If yes, name of the person in that department receiving this form: John Deacon Date 11-8-12

PRINT STAFF NAME (PROBLEM SOLVER) Jimmy A. Fox ID Number 5306 Staff Signature John Deacon Date Received 11-8-12

Describe action taken to resolve complaint, including dates: We have not received a sick call from with those complaints. Please A Sick Call To Be Sure Written As 11/9/12

Staff Signature & Date Returned 11-9-12Inmate Signature & Date Received Sylvester O. Barre 11-9-12This form was received on 11/9/2012 (date), pursuant to Step Two. Is it an Emergency? (Yes or No).Staff Who Received Step Two Grievance: O. EASTMAN Date: 11/9/2012Action Taken: Forwarded to Grievance Officer/Warden/Other Date: 11/9/2012

If forwarded, provide name of person receiving this form: \_\_\_\_\_ Date: \_\_\_\_\_

IGTT420  
3GH

Attachment IV

## (EXHIBIT A-2)

INMATE NAME: Barbee, SylvesterADC #: 131311CGRIEVANCE #: CU-12-02823

## HEALTH SERVICES RESPONSE TO UNIT LEVEL GRIEVANCE

(605) Your 11-9-12 grievance has been received and reviewed as well as your medical record to determine if medically necessary healthcare, as determined by your healthcare providers, has been provided to you.

You state you were never treated for Salmonella.

Salmonella infections typically resolve by themselves. Antibiotics are not usually necessary unless the infection spreads from your intestines. Many different kinds of illnesses can cause diarrhea, fever, or abdominal cramps. If you are having diarrhea, fever, or abdominal cramps please submit a sick call. This grievance is without merit.

If your medical condition changes please address any concerns through the sick call process.

Signature of Health Services  
Administrator/Mental Health Supervisor or  
Designee

RECEIVED-DEPUTY DIRECTOR  
ARKANSAS DEPARTMENT  
OF CORRECTION  
Marie E Austin

Title

12/06/2012

Date

JEL 18 11/12

## INMATE'S APPEAL

HEALTH &amp; CORRECTIONAL PROGRAMS

If you are not satisfied with this response, you may appeal this decision within five working days by filling in the information requested below and mailing it to the Deputy Director for Health & Correctional Programs along with the Unit Level Grievance Form. Keep in mind that you are appealing the decision to the original grievance. Do not list additional issues which were not part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

## WHY DO YOU DISAGREE WITH THE RESPONSE GIVEN ABOVE?

I WAS NEVER TO BE EXPOSED, YET ALONE SERVED CONTAMINATED FOOD THAT IS INFECTIOUS, CAUSING ME TO BE INFECTED WITH SAMONELLO. THE EPIDEMIC OF SAMONELLO HAS SHOWN THE INSUBORDINATION OF THE WARDEN(S) THAT DUE TO MY UNLAWFUL ENCOUNTER THEY WILL BE HELD LIABLE FOR SUCH A BREACH IN

Sylvester O. Barbee

Inmate Signature

131311

ADC#

12-10-12

Date

cc:  
xc:  
x5

IGTT430  
3GD

## (EXHIBIT A-3)

Attachment VI

INMATE NAME: Barbee, Sylvester

ADC #: 131311

GRIEVANCE#:CU-12-02823

November 6, 2012, you grieved you have suffered from the following symptoms for the last couple of months: consistent diarrhea with blood, dehydration, periodic headaches, night sweats, seeing greenish and blue spots, and lack of sleep due to these symptoms. You claim you were informed you had been positively diagnosed with salmonella and food services is to blame for serving contaminated meat.

The medical department responded, "Salmonella infections typically resolve by themselves. Antibiotics are not usually necessary unless the infection spreads from your intestines. Many different kinds of illnesses can cause diarrhea, fever, or abdominal cramps. If you are having diarrhea, fever, or abdominal cramps please submit a sick call. This grievance is without merit. If your medical condition changes please address any concerns through the sick call process."

You disagree with this response in your December 10 appeal because you were never supposed to be exposed or served contaminated food causing you to become infected with Salmonella.

Any time it is suspected that contaminated food might have been consumed at an ADC facility, the Department of Health is notified. My staff contacted the Department of Health and the testing to determine the source of contamination for August 26 and September 17 when you tested positive has not been completed. However, there are no sick call encounters for you during that timeframe except for September 13, when the nurse counseled you for not taking your Accolate as prescribed. The nurse documenting explaining why the medication was important, and that you replied "I will do better."

There are many different kinds of illness that can cause diarrhea, fever, or abdominal cramps. Salmonella infections usually resolve in 5-7 days and often do not require any treatment other than oral fluids. There is no documentation you made any gastrointestinal complaints until November 13 when you complained of cramps, nausea, and headaches for approximately one month. You were prescribed Ibuprofen three times a day for 3 days and advised to return to sick call if your symptoms persisted or became worse. This appeal is without merit.

Director

Date

2/4/13

cc:  
xc:  
xs:

**UNIT I**Unit/Center QUACHITA RIVER CORR. UNITName SYLVESTER O. BARREE (EXHIBIT A-4)ADC# 131311 Brks # W.150 #28 Job Assignment No Duty

FOR OFFICE USE ONLY

GRV # OR 14-00351Date Received: 4/3/14GRV. Code #: SOI

3-28-14 (Date) STEP ONE: Informal Resolution

3-31-14 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: THE VIOLATION HAS TRANSPRIRED DUE TO U.S.D.A ESTABLISHED STANDARDS, REQUIREMENTS, AND ADMIN. REG. 600 (D), ALSO AD. REG. 407 AS OF 3-25-14.

(Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm; emergency grievances are not for ordinary problems that are not of a serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. If an Emergency, state why:

*Is this Grievance concerning Medical or Mental Health Services? NO If yes, circle one: medical or mental  
**BRIEFLY** state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print): TODAY I RECEIVED A EGG SHELL REGULATORY INSPECT-  
 -ION REPORT THRU LEGAL MAIL THAT IS DATED 3-25-14 FROM UNITED STATES DEPT OF AGRICULTURE MARKETING  
 SERVICE POULTRY PROGRAM STATING THAT THE ARK. DEPT. OF CORR./QUACHITA UNIT IS THE EGG HANDLER THAT:  
 U.S.D.A. REPRESENTATIVE CHERYL ELITS (INSPECTOR) AND ONE JASON BOYD OF ARK. DEPT. OF CORR. POULTRY/ SWINE  
 (COMPANY REPRESENTATIVE) ARE TO INSPECT THE EGG PROCESS ROOM IN COMPLIANCE WITH SAFETY & SANITATION  
 POLICY AND PROCEDURE (EGG PROCESSOR) DEVELOPED FOR THEIR DUTY AREA AND ARE SAID TO INSPECT ALL AREA  
 THAT THEY ARE OBLIGATED TO UNDER ADMINISTRATIVE REG. 407 (3,4,5, A-1, 2,3,4) AND ADMINISTRATIVE REG. 600  
 (I, II, III, IV, D & E). THE SAID EMPLOYEE, AS WELL AS A UNDERRA WEEKLY DID NOT ADEQUATELY INSPECT THEIR ASSIGNED  
 DUTY AREA (QUACHITA HENHOUSE & EGG PROCESS ROOM/EQUIPMENT), DUE TO ME CONTRACTING GASTROENTERITIS  
 TWICE. THESE DOCUMENTS STATE THAT THESE EMPLOYEE ONLY INSPECTED THE POULTRY AS NOT RECOMMENDED BY  
 A.D.C. A.R. (A-4), SHOWING THAT SAFETY & SANITATION PROGRAM WERE NOT AGGRESSIVELY PURSUED AND IMPLEMENTED  
 AS STATED IN A.R. 407 (4), PURSUANT TO INSPECTION REPORTS OF PROCUREMENT, STORAGE AND EQUIPMENT THAT ARE  
 TO MEET ESTABLISH STANDARD AND REQUIREMENT OF ALL FEDERAL AND STATE CODES (A.R. 600 (D))*

**RECEIVED**Sylvester O. Barree

Inmate Signature

3-28-14

APR 24 2014

Date

If you are harmed/threatened because of your use of the grievance process, report it immediately to the Warden or designee.  
**THIS SECTION TO BE FILLED OUT BY STAFF ONLY**This form was received on 3-30-14 (date), and determined to be Step One and/or an Emergency Grievance yes (Yes or No). This form was forwarded to medical or mental health? NO (Yes or No). If yes, name of the person in that department receiving this form: \_\_\_\_\_ Date \_\_\_\_\_Sgt. Hallcock

PRINT STAFF NAME (PROBLEM SOLVER)

51566

ID Number

Sgt. Hatchett

Staff Signature

3-30-14

Date Received

Describe action taken to resolve complaint, including dates: Appointed at another unit personnel  
to step 2.Stolee 3/31/14

Staff Signature &amp; Date Returned

Sylvester O. Barree 3-31-14

Inmate Signature &amp; Date Received

This form was received on \_\_\_\_\_ (date), pursuant to Step Two. Is it an Emergency? \_\_\_\_\_ (Yes or No).

Staff Who Received Step Two Grievance: \_\_\_\_\_ Date: \_\_\_\_\_

Action Taken: \_\_\_\_\_ (Forwarded to Grievance Officer/Warden/Other) Date: APR 08 2014

If forwarded, provide name of person receiving this form: \_\_\_\_\_ Date: \_\_\_\_\_

**DISTRIBUTION:** YELLOW & PINK – Inmate Receipts; BLUE-Grievance Officer; ORIGINAL-Given back to Inmate After Completion of Step One and Step Two.

IGTT410  
3GS

Attachment III

## (EXHIBIT A-5)

INMATE NAME: Barbee, SylvesterADC #: 131311C GRIEVANCE #: OR-14-00351

## WARDEN/CENTER SUPERVISOR'S DECISION

Your complaint dated 3-31-14 was reviewed on 4-3-14 in response to your grievance; This complaint did not take place at ORCU; Therefore you should forward your complaint to the proper location.

Signature of Warden/Supervisor or Designee

Title

  
4-14-14

Date

## INMATE'S APPEAL

If you are not satisfied with this response, you may appeal this decision within five working days by filling in the information requested below and mailing it to the appropriate Chief Deputy/Deputy/Assistant Director along with the Unit Level Grievance Form. Keep in mind that you are appealing the decision to the original grievance. Do not list additional issues, which are not part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

## WHY DO YOU DISAGREE WITH THE ABOVE RESPONSE?

*SAFETY & SANITATION PROCEDURE "OF AD. REG. 407 ARE TO BE COMPLIED WITH WHEN THE EMPLOYEE(S) JOHN AND JANE DOE (INSPECTOR(S) OF THE CUMMING UNIT HEN HOUSE) ARE UNDER COLOR OF STATE LAW, ESPECIALLY WHEN IT HAS A MAJOR AFFECT ON A. SMARTNESS IN FOOD PREPARATION AND SERVICE MANAGEMENT THAT WAS INSANE AND UNSANITARY W/ MEDICAL CARE BEING ENSURED BY MARIE AUSTIN OR DR. MOORE AS STATED UNDER ADMINISTRATIVE REG. THAT THE A.D.C. ADVOCATE(S) AND ALSO ARE UNDER COLOR OF STATE LAW, THE SAFETY & SANITATION PROGRAMS WERE NOT AGGRESSIVELY PURSUED, PLANNED OR IMPLEMENTED AS STATED IN AD. REG. 407(4 & A-4).*

Inmate Signature

131311

4-14-14

ADC#

Date

RECEIVED

APR 24 2014

INMATE GRIEVANCE SUPERVISOR  
ADMINISTRATION BUILDING

APR 11 2014

IGTT430  
3GD

Attachment VI

INMATE NAME: Barbee, Sylvester

ADC #: 131311

GRIEVANCE#:OR-14-00351

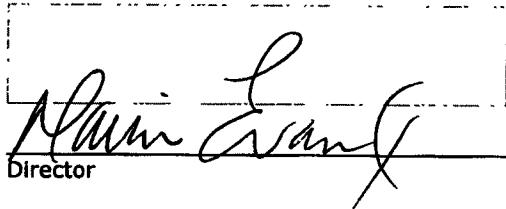
(EXHIBIT A-6)

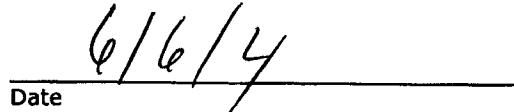
**CHIEF DEPUTY/DEPUTY/ASSISTANT DIRECTOR'S DECISION**

I have received your formal grievance appeal dated 04/11/14 in reference to the failure to accurately conduct an eggshell regularity inspection report, which resulted in you contracting gastroenteritis.

After reviewing all supporting documentation, I have determined that this grievance should have been forwarded to the Cummins Unit for a proper response. On 05/23/14, Mr. Farabough, Cummins Farm Manger was interviewed and provided the proper paper work. This matter was adequately addressed in OR-14-00368 and needs no further discussion.

Appeal denied

  
\_\_\_\_\_  
Director

  
\_\_\_\_\_  
Date

**UNIT LEVEL GRIEVANCE FORM (Attachment A)**Unit/Center O.R.C.U.Name SYLVESTER O. BARBEE

(EXHIBIT A-7)

ADC# 131311 Brks # W.150.28 Job Assignment No Duty

FOR OFFICE USE ONLY

GRV # OR14-00368Date Received 4-11-14GRV. Code #: 501

4-4-14 (Date) STEP ONE: Informal Resolution

4-16-14 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: My grievance has been disregarded due to Mr. Qualls starting I would have had an answer on April 8th & 10th, but haven't received an acknowledgement.

(Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm; emergency grievances are not for ordinary problems that are not of a serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. If an Emergency, state why: \_\_\_\_\_

AD. DRR.IJ

PG. 4 of 29

#4.

*Is this Grievance concerning Medical or Mental Health Services? No. If yes, circle one: medical or mental  
**BRIEFLY** state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print): I SENT OUR A GRIEVANCE PROCEEDED TO STEP 2 ON 9-31-14.  
 THAT STATED EN 3-28-14 I RECEIVED AN EGG SHELL REGULATORY INSPECTION REPORT THRU LEGAL MAIL THAT IS DATED  
 3-25-14 FROM THE U.S.D.A. MARKETING SERVICE POULTRY PROGRAM<sup>IS</sup>, STATING THAT THE H.R.C. DEPT. OF CORR./LUMMINAIS,  
 UNIT IS THE EGG HANDLER THAT U.S.D.A. REPRESENTATIVE GHERI ELLEN (INSPECTOR) AND ONE JASON BOYD OF  
 H.R.C. DEPT. OF CORR. POULTRY/SWINE (COMPANY REPRESENTATIVE) ARE TO INSPECT THE EGG PROCESS ROOM IN  
 COMPLIANCE WITH SAFETY & SANITATION POLICY<sup>IS</sup> AND PROCEDURE<sup>IS</sup> (EGG PROCESSOR) DEVELOPED FOR THEIR DUTY  
 AREA AND ARE SAID TO INSPECT AREA<sup>IS</sup> THAT THEY ARE OBLIGATED TO UNDER ADMINISTRATIVE REG. 407 (3,4,5, A-1,2,3,4)  
 AND ADMINISTRATIVE REG. 600 (II, III, IV, D&E). THE SAID EMPLOYEE<sup>IS</sup>, AS WELL AS OWNER WEEKLY DID NOT  
 ADEQUATELY INSPECT THEIR ASSIGNED DUTY AREA<sup>IS</sup> (SUMMING UP THE HOUSE & EGG PROCESS ROOM / EQUIPMENT),  
 DUE TO ME CONTRACTING (2) TYPE<sup>IS</sup> OF GASTROENTERITIS. THESE DOCUMENT<sup>IS</sup> STATE THAT THESE EMPLOYEE<sup>IS</sup> ONLY INSPECTED  
 THE POULTRY AS NOT RECOMMENDED BY A.D.C. AD. REG. 407 (A-4), SHOWING THAT SAFETY & SANITATION PROGRAM<sup>IS</sup>  
 WERE NOT NECESSARILY PURSUED AND IMPLEMENTED AS STATED IN AD. REG. 407 (4, A-4), PURSUANT TO INSPECTION  
 REPORT<sup>IS</sup> OF PROCUREMENT, STORAGE AND EQUIPMENT THAT ARE TO MEET ESTABLISHED STANDARD<sup>IS</sup> AND REQUIREMENT<sup>IS</sup>  
 OF ALL FEDERAL AND STATE CODES<sup>IS</sup> (AD. REG. 600(D)) AND I HAVE NOT RECEIVED AN ACKNOWLEDGEMENT FROM  
 THE GRIEVANCE OFFICE, WHICH IS CLEARLY DEPRIVING ME OF EXHAUSTING MY 1<sup>ST</sup> AMENDMENT RIGHT.*

Sylvester O. Barbee

4-4-14

Inmate Signature

Date

If you are harmed/threatened because of your use of the grievance process, report it immediately to the Warden or designee.**THIS SECTION TO BE FILLED OUT BY STAFF ONLY**

This form was received on 4-5-14 (date), and determined to be Step One and/or an Emergency Grievance (Yes or No). This form was forwarded to medical or mental health? Yes (Yes or No). If yes, name of the person in that department receiving this form: J. Smith Date 4-5-14

PRINT STAFF NAME (PROBLEM SOLVER) J. Smith ID Number 81331 Staff Signature J. Smith Date Received 4-5-14

Describe action taken to resolve complaint, including dates: I spoke with Mr. Qualls Grievance office  
 and he advised you should have a answer back by 4/10/14.

4-7-14 4-8-14  
Staff Signature & Date Returned

Sylvester O. Barbee 4-8-14  
Inmate Signature & Date Received

This form was received on 4-7-14 (date), pursuant to RECEIVED an Emergency? Yes (Yes or No).

Staff Who Received Step Two Grievance: 4-7-14 Date: 4-8-14

Action Taken: 4-7-14 (Forwarded to Grievance Officer/Warden/Other) Date: 4-8-14

If forwarded, provide name of person receiving this form: APR 1 P 2014 Date: 4-8-14

INMATE GRIEVANCE SUPERVISOR

ATTACHMENT BULDING

**DISTRIBUTION: YELLOW & PINK – Inmate Receipts** **BLUE** Grievance **WHITE** ORIGINAL-Given back to Inmate After Completion of Step One and Step Two.

IGTT410  
3GS

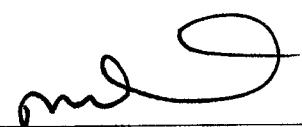
Attachment III

INMATE NAME: Barbee, SylvesterADC #: 131311C GRIEVANCE #: OR-14-00368

## (EXHIBIT A-8)

## WARDEN/CENTER SUPERVISOR'S DECISION

Your complaint dated 4-11-14 was reviewed on 4/15/14 in response to your grievance; This complaint has been addressed in grievance OR-14-00351. This complaint did not take place at ORCU.

  
 Signature of Warden/Supervisor or Designee

Title

Date

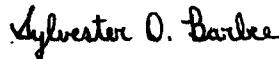
4-17-14

## INMATE'S APPEAL

If you are not satisfied with this response, you may appeal this decision within five working days by filling in the information requested below and mailing it to the appropriate Chief Deputy/Deputy/Assistant Director along with the Unit Level Grievance Form. Keep in mind that you are appealing the decision to the original grievance. Do not list additional issues, which are not part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

## WHY DO YOU DISAGREE WITH THE ABOVE RESPONSE?

WROTE A GRIEVANCE ON 3-28-14, BUT DID NOT RECEIVE A RESPONSE IN THE ALLOTTED TIME FRAME STATED ON PG. 7 OF 29 # (3) DAYS OF DIR. 12-16, THEN I PROCEEDED TO STEP #2 (AO. DIR. 12-16 # 11 OF PG. 7 OF 29). I FILED STEP #2 ON 3-31-14, THEN WROTE A REQUEST TO MR. ALL ON 4-3-14 AND HE STATED HE WOULD PROVIDE ME WITH AN UPDATED STATUS AND RESPONSE ON 4-8-14, SO THEN I PROCEEDED TO EP #2 ON MY GRIEVANCE DATED 4-4-14 THAT WAS FILED, DUE TO THE NON-COMPLIANCE OF MY FIRST GRIEVANCE (PG. 7 OF 29 # 7) 4-11-14 INFORMING MR. QUALL THAT HE HAS BREACHED AO. DIR. 12-16, PG. 9 OF 29 # 4 AND PG. 10 OF 29 # 7 & 8, WHICH VIOLATE 1ST AND 14TH AMENDMENT OF PROCESS FOR HIS DELIBERATE DEPRIVATION. ALSO, I HAD NOTIFIED MR. QUALL AND HE STATED VIA REQUEST THAT HE WOULD PROVIDE ME WITH A RESPONSE ON 4-8-14, THEN VIA GRIEVANCE DATED 4-4-14 THAT HE STATED LT. CLARK THAT HE WOULD ENSURE ME A ANSWER ON 4-10-14, BUT HE DID NOT.



Inmate Signature

131311

ADC#

4-21-14

Date

RECEIVED

APR 22 2014

 INMATE GRIEVANCE SUPERVISOR  
 ADMINISTRATION BUILDING

 APR 16 2014  
 OHAGHD

IGTT430  
3GD

Attachment VI

INMATE NAME: Barbee, Sylvester

ADC #: 131311

GRIEVANCE#:OR-14-00368

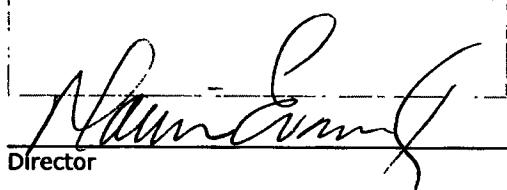
(EXHIBIT A-9)

**CHIEF DEPUTY/DEPUTY/ASSISTANT DIRECTOR'S DECISION**

I have received your formal grievance appeal dated 04/11/14 in reference to the failure to accurately conduct an eggshell regularity inspection report, which resulted in you contracting gastroenteritis.

After reviewing all supporting documentation, I have determined that this grievance should have been forwarded to the Cummins Unit for a proper response. On 05/23/14 Mr. Farabough, Cummins Farm Manager, was interviewed and provided the proper paper work. I am unable to substantiate your claims that the Poultry Department failed to accurately conduct inspections. Nor do I find the relevance to gastroenteritis and eggshell regularity inspection. Furthermore, infirmary records reviewed for 05/30/12 through 04/15/13 only indicates one visit to the infirmary complaining of a stomachache.

Therefore, I find no merit in your complaint and your appeal is denied.



Director

Date



STATE OF ARKANSAS

COUNTY OF

)  
SS

(EXHIBIT A-10)

DATE: 3-23-13

AFFIDAVIT

\*NOTE: FOR VERIFICATION  
THE COURT CAN SUPPLY THE  
CAMERA FOOTAGE OF THIS  
DAY AND TIME IN 16 BKS.

I SYLVESTER O. BARBEE, AFTER FIRST BEING JULY SWEAR, DO HEREBY SWEAR, DEPOSE AND STATE THAT: AT APPROXIMATELY 3:00 P.M. ON MARCH 23, 2013, NURSE MS. HANDY STATED TO ME THAT THE ARKANSAS HEALTH DEPARTMENT COMPELLED FOR THE ARK. DEPT. OF CORR./C.M.S. TO SPECIFICALLY TEST A NUMBER OF INFECTED INMATES FOR THE CONTAGIOUS BACTERIA "SALMANELLO", WHICH I WAS ONE OF THE MANY THAT WAS GIVEN MULTIPLE TEST THRU STOOL AND DNA THAT KNOWINGLY CAME BACK POSITIVE TWICE THRU MY STOOL SAMPLES. NURSE HANDY ALSO LAWFULLY STATED THAT THE EPIDEMIC OF "SALMANELLO" WAS AN ARKANSAS DEPT. OF HEALTH INVESTIGATION, THUS WITH THESE MERITS OF FACT I SHOULD CONSTITUTIONALLY BE COMPENSATED FOR THE VIOLATION OF MY 8TH AMENDMENT RIGHT FOR THE VALUE OF ANY PART OF MY SKIN, BODY AND OR PHYSICAL STOMACH FUNCTIONING WHICH CANNOT BE REPLACED OR RESTORED ALSO, FOR MY PAIN AND SUFFERING. NURSE HANDY CONDUCTED THE LAB TEST, EXCUSE ME FOR THE RECORD.

I FURTHER SWEAR THAT THE STATEMENTS, MATTERS AND THINGS CONTAINED ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE, INFO AND BELIEF.

DATE: 3-23-13

CHARLES OWEN GROFFER  
NOTARY PUBLIC  
Commissioner # 12359802

My COMMISSION EXPIRES: 3-30-2017  
Commission Expires March 30, 2017  
County of Desha

SUBSCRIBED AND SWEARN TO BEFORE ME, A NOTARY PUBLIC, IN THIS 23 DAY OF MARCH 2017.

NOTARY PUBLIC: Mr. Clark

2017

(EXHIBIT A-II)

INMATE SPECIAL INSTRUCTIONS

INMATE'S NAME BARBEE, Sylvester ADC# 131311

BARRACKS 06A CELL \_\_\_\_\_ BUNK 06A-26

SPECIAL INSTRUCTIONS Unassigned (T)

8/29/2012

+231

★ 3 DAYS AFTER I TESTED POSITIVE FOR SALMONELLO WHILE WORKING IN THE KITCHEN. (POSITIVE STOOL TEST)

INMATE SPECIAL INSTRUCTIONS

INMATE'S NAME BARBEE, Sylvester ADC# 131311

BARRACKS 06A CELL \_\_\_\_\_ BUNK 06A-26

SPECIAL INSTRUCTIONS Inside Lawn

9/11/2012

4231

★ 6 DAYS BEFORE I TESTED POSITIVE FOR SALMONELLO FOR THE SECOND TIME. (POSITIVE BLOOD TEST)



**ARKANSAS DEPARTMENT OF HEALTH  
PUBLIC HEALTH LABORATORIES**

201 South Monroe  
LITTLE ROCK, AR 72205  
PHONE: 501-661-2220

(EXHIBIT B-1)

Visit no: 1223500000093

Submitter: 40G 131311  
Cummins Unit  
P.O. Box 500  
Hwy 61 & Hwy 388  
Grady, AR 71644-

Patient Name: BARBEE, SLYVESTER  
Date of Birth: 10/31/1979  
Sex: Unknown  
Race: Unknown

Purpose: Diagnostic  
Specimen: Feces/stool  
Date Collected: 08/26/2012  
Date Received: 08/27/2012  
Requestor: Moore

Test Group: ENTERIC

Test: ENTERIC - Salmonella

Result

Result Date

Biochemically confirmed as Salmonella

08/30/2012

Test: ENTERIC - Salmonella Serotype

Result

Result Date

Salmonella anatum I 3 , 15 : e , h : 1 , 6

09/04/2012

Approved by: ESANJUAN

Date Approved: 09/10/2012

(4)



**ARKANSAS DEPARTMENT OF HEALTH  
PUBLIC HEALTH LABORATORIES**

201 South Monroe  
LITTLE ROCK, AR 72205  
PHONE: 501-661-2220

(EXHIBIT B-2)

Visit no: 1225400000626

Submitter: 40G 131311  
Cummins Unit  
P.O. Box 500  
Hwy 61 & Hwy 388  
Grady, AR 71644-

Patient Name: BARBEE, SLYVESTER  
Date of Birth: 10/31/1979  
Sex: Male  
Race: Black

Purpose: Diagnostic  
Specimen: Feces/stool  
Date Collected: 09/17/2012  
Date Received: 09/17/2012  
Requestor: Dr. Moore

Test Group: ENTERIC

Test: ENTERIC - Salmonella

Result

Result Date

Biochemically confirmed as Salmonella

09/20/2012

Test: ENTERIC - Salmonella Serotype

Result

Result Date

Salmonella Cerro | 18 : z4, z23 : -

09/28/2012

Approved by: ESANJUAN

Date Approved: 10/04/2012

Cummins Prison Foodborne Disease Outbreak Questionnaire

Interviewer name: MB

**Part I. Demographics:**Last Name BARBIE First Name SYLVESTERDate of Birth: 10 / 31 / 79Age: 32 Sex M (M/F)Barracks: 6 A Cell#: \_\_\_\_\_ Bed# 26 In Isolation: Yes / NoWhat work do you perform at Cummins? KITCHENThis month, have you worked in the kitchen? Yes / No  
CASH ROOM, WASH, PARTS - NOT A FOOD  
HANDLERAs part of your work do you have contact with animals? Yes No

If yes, specify: \_\_\_\_\_

**Part II. Clinical information**Did you have any symptoms of illness since August 7? Yes / No

(August 7 was a Tuesday, and August 15 was the Wednesday before last.)

What day did your symptoms begin: 8-9-12 \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (example: Saturday was 8/11/12)

Please circle when you began feeling sick:

1 AM	7 AM	1 PM	7 PM
2	8	2	8
3	9	3	9
4	10	4	10
5	11	5	11
6 AM	12 Noon	6 PM	12 Midnight

Did you have:

Nausea Yes NoVomiting Yes No

If yes, what is the largest number of episodes you had in a 24 hour period?

\_\_\_\_\_

Diarrhea

(3 or more stools in 24 hours)

Yes No

If yes, what is the largest number of stools you had in a 24 hour period?

\_\_\_\_\_  
7

Bloody diarrhea

Yes No

Abdominal cramps

Yes No

Fever

Yes No

Highest temperature, if measured: \_\_\_\_\_

Chills

Yes No

Headache

Yes No

Body aches

Yes No

Fatigue / tiredness

Yes No

Dizziness

Yes No

If other, please specify: \_\_\_\_\_

Have your symptoms stopped? Yes No (SO, SO) IMPROVINGIf yes, when did your symptoms end? Date: 8 / 1 / 2012 Time: : AM / PMDid you seek medical care or go to sick call? Yes No When? Date: 8 / 1 / 2012 Time: : AM / PMDid you receive intravenous (IV) fluids? Yes No Did you provide a stool sample? Yes NoDid you receive any medications? Yes No If yes, specify: \_\_\_\_\_

**Part III. Food:**What time do you typically eat? Breakfast 7:45 AM Lunch 10:30 AM Dinner: 3:00 PM

Please place an X next to any food item you ate on any of these days:

(EXHIBIT B-4)

Tuesday, August 7th	Wednesday, August 8th	Thursday, August 9th	Friday, August 10th	Saturday, August 11th
Breakfast	Breakfast	Breakfast	Breakfast	Breakfast
Grapefruit Juice X	Apple Juice	Orange Juice ✓	Grapefruit Juice X	Apple Juice X
Grits	Oatmeal	Grits	Oatmeal X	Grits X
Biscuits X	Biscuits	Biscuits X	Milk Gravy X	Hot Cakes X
Milk Gravy ✓	Milk Gravy	Milk Gravy X	Scrambled Eggs X	Sausage X
Scrambled Eggs ✓	Scrambled Eggs	Fried Eggs X	Sausage X	Syrup X
Frank X	Sausage	Sausage X	Biscuits X	Milk X
Milk	Milk	Milk	Milk	Coffee
Coffee	Coffee	Coffee	Jelly X	
Lunch	Lunch	Lunch	Lunch	Lunch
Bologna sandwich	Bologna sandwich X	Bologna sandwich X	Bologna sandwich	Bologna sandwich
Salisbury Steak X	Ala King	Meat Ball Sub X	Pepper Steak X	Meatloaf X
Vegetarian Beans ✓	Noodles	Vegetarian Beans X	Vegetarian Beans X	Vegetarian Beans X
Noodles	Beets	Corn on the Cob X	Mashed Potatoes X	Mashed Potatoes X
Tomatoes X	Green Beans X	Tomatoes X	Greens	Gravy X
Green Beans X	Rolls X	Squash	Turnips	Cabbage
Rolls X	Apple Sauce X	Bun	Corn Bread X	Squash
Apple Sauce X	Tea	Pineapple X	Apple Sauce ✓	Rolls
Tea	Water X	Tea	Milk	Pineapple X
Water X		Water X	Water	Tea
Dinner	Dinner	Dinner	Dinner	Dinner
Chicken Spaghetti X	Baked Chicken X	Oven Fried Turkey Roll ✓	Chicken Salad X	Baked Chicken X
Vegetarian Beans ✓	Pinto Beans X	Great Northern Beans X	Pinto Beans X	Great Northern Beans X
Tomatoes X	Vegetarian Beans X	Vegetarian Beans X	Vegetarian Beans X	Vegetarian Beans X
Green Beans X	Beets	Greens	Corn on the Cob X	Corn on the Cob
Sliced Bread	Green Beans X	Turnips	Tomatoes X	Squash
Apples X	Sliced Bread	Corn Bread X	Sliced Bread	Sliced Bread
Tea	Apples X	Oatmeal Cookie X	Pears X	Apples X
Water X	Tea	Tea	Milk	Tea
	Water X	Water X	Water	

Did you eat or drink any food not provided by the cafeteria? Yes / No

If yes, specify: \_\_\_\_\_

Did you eat any leftover food from previous days? Yes / No

If yes, specify: \_\_\_\_\_

Did you prepare any food in your barracks (e.g. "spread")? Yes / No

If yes, specify: \_\_\_\_\_

Do you have any food allergies? Yes / No

If yes, specify: \_\_\_\_\_

Are there any foods that you do not eat? Yes / NoIf yes, specify: TURNCIPS, CAKES, CABBAGE, BEETS**Part IV. Medical History:**Do you have any chronic medical conditions? Yes / No

Do you have any of the following?

Atherosclerosis or coronary artery disease?

Yes / No

Any immunocompromising condition (e.g. HIV)?

Yes / No

Any prosthetic devices or vascular grafts?

Yes / No

Hemoglobinopathy (e.g. sickle cell disease)?

Yes / No**Part V. Notes:** (Add any comments not specifically asked on questionnaire)

MEMO

TO: Ed Armstrong

(EXHIBIT B-5)

FROM: Jan Scussel

RE: Cummins Unit Salmonella Outbreak, August 2012

Date: October 25, 2013

Question: What was the underlying or likely cause of the Salmonella outbreak at the Cummins Unit on or about August 13, 2012?

Answer: The Arkansas Department Health investigated an outbreak of Salmonellosis at the Cummins Unit during August of 2012. ADH collected stool and food samples for microbiological analysis and conducted an epidemiologic investigation that included inmate and staff interviews and a case-control study to identify food items involved in the outbreak.

A total of 485 individual (440 inmates and 45 staff) were interviewed. Two hundred fifteen (215) inmates reported diarrhea and/or had Salmonella confirmed in stool analysis. Seven Three (3) staff members interviewed reported diarrhea.

Laboratory reports confirm at least five (5) serotypes of Salmonella in inmate stools. Additionally two Salmonella strains were isolated from eggs collected from the Cummins unit henhouses. These results indicate locally grown eggs colonized with Salmonella were, at least in part, a cause of the outbreak. Several food items were served in the cafeteria involved. Furthermore, person-to-person transmission likely accounted for many of the cases. An environmental health investigation revealed areas for improvement in food handling and preparation and food safety training for kitchen workers was initiated.





## (EXHIBIT B-6)

## SALMONELLOSIS FACT SHEET



### What is salmonellosis?

Salmonellosis is a bacterial infection that usually affects the intestines and occasionally the bloodstream. It is one of the more common causes of gastroenteritis with several hundred cases occurring in Arkansas each year. Most cases occur in the summer months and are seen as single cases, clusters, or outbreaks.

### Who gets salmonellosis?

Any person can get salmonellosis, but it is recognized more often in infants and children.

### How are Salmonella bacteria spread?



Salmonella bacteria are spread by eating or drinking contaminated food or water or by contact with infected people or animals.

### What are the symptoms of salmonellosis?

People exposed to the Salmonella bacteria may have diarrhea, cramping, fever, nausea, vomiting, and headache. Some people may have very mild or no symptoms, but some infections can be quite serious, especially in the very young or elderly.



### How soon after exposure do symptoms appear?

The symptoms generally appear 12 to 36 hours after exposure.

### Where are Salmonella bacteria found?



Salmonella are found in many places in our food chain and environment. The bacteria often contaminate raw meats, eggs, unpasteurized milk, and cheese products. Other sources may include contact with infected pet turtles, pet chicks, dogs, cats, and farm animals.

### For how long can an infected person carry the Salmonella?



A person can carry the bacteria from several days to months. Infants and people who have been treated with oral antibiotics tend to carry the bacteria longer than others.

1 OF 1

## EXHIBIT C-1

## ADMINISTRATIVE REGULATION 600

## FOOD SERVICE: FOOD PROGRAMS

(I) AUTHORITY: THE AUTHORITY TO PROMULGATE THIS ADMINISTRATIVE REGULATION IS VESTED IN ACT 50 OF 1968.

- \* (II) PURPOSE: TO ENSURE INMATES ARE PROVIDED TASTEFUL AND NUTRITION MEALS WHILE OBSERVING RECOMMENDED DIETARY ALLOWANCES AND BASIC SAFETY AND SANITATION REQUIREMENTS FOR FOOD SERVICE PROGRAMS.
- \* (III) APPLICABILITY: TO ALL EMPLOYEES IN FOOD SERVICE, EMPLOYEES INVOLVED IN DIRECT-ION AND SUPERVISION OF THE FOOD SERVICE PROGRAM; EMPLOYEES INVOLVED AND ASSOCIATED WITH THOSE DEPT.<sup>(s)</sup> INVOLVED IN THE PROCUREMENT, STORAGE, PREPARATION AND UTILIZAT-ION OF FOOD SERVICE SUPPLIES AND SERVICE OF FOOD.
- \* (IV) POLICY: IT SHALL BE THE POLICY OF THE DEPT. OF CORR. TO ESTABLISH FOOD STANDARDS FOR FOOD SERVICE PROVIDED TO THE INMATE POPULATION AND TO OBSERVE ACCEPTABLE STANDARDS OF FOOD PREPARATION, STORAGE, SANITATION, SAFETY AND PHYSICAL HYGIENE.
- (V) PROCEDURES:
- (A) MENU PLANNING; FOOD SERVICE STAFF AND THE DIETICIAN SHALL PLAN MENUS IN ADVANCE AND SUBSTANTIALLY FOLLOW THE PLANS. PLANNING AND PREPARATION OF ALL MEALS SHALL TAKE INTO CONSIDERATION FOOD FLAVOR, TEXTURE, APPEARANCE, PLATABILITY AND REQUIRED DIETARY ALLOWANCES. MASTER MENUS SHALL BE DEVELOPED AND / OR REVIEWED BY A DIETICIAN.
- \* (B) FOOD SERVICE MANAGEMENT; FOOD SERVICE OPERATIONS ARE SUPERVISED BY A FULL TIME STAFF MEMBER WHO IS EXPERIENCED IN FOOD SERVICE MANAGEMENT.]
- (C) DIETARY ALLOWANCES; DOCUMENTATION THAT A QUALIFIED DIETICIAN HAS REVIEWED DIETARY ALLOWANCES AT LEAST ON AN ANNUAL BASIS TO ENSURE MEALS MEET THE NATIONALLY RECOMMENDED ALLOWANCES FOR BASIC NUTRITION.
- \* (D) FOOD PREPARATION, STORAGE AND SANITATION; FOOD SERVICES FACILITY<sup>(s)</sup> AND EQUIPM-ENT SHALL MEET ESTABLISHED STANDARDS AND REQUIREMENTS OF ALL FEDERAL AND STATE CODES.
- (E) STANDARD OPERATING PROCEDURES; OTHER ISSUES WILL BE COVERED BY APPROPRIATE ADMINISTRATIVE DIRECTIVES / MEMORANDA ISSUED BY THE DIRECTOR, DEPUTY DIRECTOR OF OPERATIONS AND OR ADMINISTRATOR OF FOOD SERVICES.

## EXHIBIT C-2

1 OF 2

ADMINISTRATIVE REGULATION 407SAFETY & SANITATION

- Both**
- ★ (1) AUTHORITY - THE BOARD OF CORR. AND COMMUNITY PUNISHMENT IS VESTED WITH THE AUTHORITY TO PROMULGATE ADMINISTRATIVE REGULATION BY ACT OF 50 OF 1968, EXTRAORDINARY SESSION AS AMENDED; ACTS 548 & 549 OF 1993, REG. BESS. (HR. CODE ANN. 16-93-1203 & 12-27-105) (1993).
  - ★ (2) PURPOSE - TO PROVIDE THE DEPT. WITH A PROCEDURE FOR SAFETY & SANITATION.
  - ★ (3) APPLICABILITY - TO ALL EMPLOYEES AND OFFENDERS RESPONSIBLE FOR MAINTAINING SAFETY & SANITATION PROCEDURES AT THE FACILITY.
  - ★ (4) POLICY - TO ENSURE THAT SAFETY & SANITATION PROGRAMS ARE WELL PLANNED, AGGRESSIVELY PURSUED AND CONTINUALLY SUPERVISED.
  - ★ (5) PROCEDURES - PROMOTING FACILITY SAFETY & SANITATION IS THE RESPONSIBILITY OF EVERY OFFENDER AND EMPLOYEE.

**WEEKLY**

- (A) THE ASSISTANT WARDEN / ASSISTANT CENTER SUPERVISOR OR EQUIVALENT ASSIGNED DESIGNEE IN CHARGE OF OPERATIONS AT EACH FACILITY WILL BE DESIGNATED AS THE SAFETY & SANITATION OFFICER. HE / SHE IS RESPONSIBLE FOR THE PLANNING, IMPLEMENTING AND SUPERVISING SPECIFIC SAFETY & SANITATION POLICY AND PROCEDURE.

**Bi-Monthly**

- ★ SAFETY & SANITATION OFFICER WILL:
- (1) DEVELOP SPECIFIC SAFETY & SANITATION PLANS FOR EACH AREA OF THE FACILITY, WITH RECOMMENDATIONS MADE BY SUPERVISORS AND DEPT. HEADS OF THE WORK AREAS WITHIN THE FACILITY.
- (2) ENSURE THE POST ORDERS AND JOB DESCRIPTIONS FOR AREA AND LINE SUPERVISORS TO SUBMIT TO THEIR RESPONSIBILITY FOR COMPLIANCE WITH SAFETY & SANITATION POLICIES DEVELOPED FOR THEIR DUTY AREA.
- (3) DEVELOP FORMAL INSPECTION REPORTS FOR AREA AND LINE SUPERVISORS TO SUBMIT TO THE SAFETY & SANITATION OFFICER ON THEIR AREA COMPLIANCE WITH SAFETY & SANITATION POLICIES AND PROCEDURES.
- (4) INSPECT ALL AREAS OF THE FACILITIES ON A NON-SCHEDULED, ROTATING BASIS AT LEAST MONTHLY. WRITTEN REPORT ON HIS / HER FINDINGS, INCLUDING SUGGESTIONS FOR SAFETY & SANITATION POLICY CHANGES OR EQUIPMENT REQUIREMENTS WILL BE SUBMITTED TO THE UNIT WARDEN / CENTER SUPERVISOR.

20F2  
(Ex.C-2)

- ★ (5) PROVIDING TRAINING AND GUIDANCE TO AREA SUPERVISORS AND INDIVIDUALS IN IMPLEMENTATION OF SAFETY & SANITATION POLICIES AND PROCEDURES, INSPECTIONS AND USE OF SAFETY EQUIPMENT.
  - (6) ENSURE THE ADEQUATE HEAT AND VENTILATION SUITABLE TO THE SEASONS ARE PROVIDED.
  - (7) PROVIDE A PROGRAM USING DEPT. AND OR OUTSIDE SOURCES FOR PEST AND RODENTS CONTROL.
  - ★ (B) ADMINISTRATIVE STAFF WILL INSPECT THE SANITATION OF LIVING QUARTERS, SEGREGATION UNITS, ISOLATION AND FOOD SERVICES AREA<sup>(S)</sup> WEEKLY. ADMINISTRATIVE STAFF WILL SUBMIT A REPORT OF HIS / HER FINDINGS TO THE SAFETY & SANITATION OFFICER.
  - ★ (C) AN AREA SUPERVISOR'S FAILURE TO ENSURE THAT SAFETY & SANITATION POLICIES AND PROCEDURES ARE IMPLEMENTED AND ENFORCED IN HIS / HER AREA OF RESPONSIBILITY IS GROUNDS FOR DISCIPLINARY ACTION (VI) A.C.A. STANDARDS.

## EXHIBIT C-3

ADMINISTRATIVE REGULATION 833HEALTH SERVICES

BOARD APPROVAL DATE: 3-30-90; SUPERSEDES: 809, 824, 842, 855; EFFECTIVE DATE: 4-2-90

(I) AUTHORITY: THE BOARD OF CORRECTION IS VESTED WITH THE AUTHORITY TO PROMULGATE THIS ADMINISTRATIVE REGULATION BY ACT 50 OF 1968 AS AMENDED.

(II) PURPOSE: THIS ADMINISTRATIVE REGULATION ESTABLISHES THE MISSION, COMPONENTS, PROCESSES TO APPROPRIATE STANDARDS AND REVIEW MECHANISMS FOR THE PROVISION OF HEALTH CARE SERVICES IN THE DEPT.

- ★ (III) THE ADMINISTRATIVE REGULATION APPLIES TO ALL PROVIDERS OF HEALTH CARE TO INMATES, IT ALSO APPLIES TO ADMINISTRATORS AND STAFF MAKING REFERRALS AND AFFECTED BY RECOMMENDATIONS OF HEALTH CARE PROVIDERS.

(IV) DEFINITION: (A) "HEALTH CARE" REFERS TO THE VARIETY OF GOODS, SERVICES, PERSONNEL AND PROCEDURES INVOLVED IN PROVIDING THE FULL RANGE OF PREVENTION, EVALUATION AND TREATMENT OF DENTAL, MEDICAL & MENTAL DISORDERS.

- ★ (B) "PROVIDER" REFERS TO ANY HEALTH CARE ORGANIZATION, ADMINISTRATOR, PROFESSIONAL, PARAPROFESSIONALS OR MEMBERS OF SUPPORT STAFF, WHETHER EMPLOYED BY THE DEPT. UNDER CONTRACT TO THE DEPT. OR PAID ON A FEE-FOR-SERVICE BASIS, PROVIDING HEALTH CARE SERVICES TO INMATE.<sup>(s)</sup>

- ★ (C) "ACCESSIBLE" HAS A RANGE OF MEANINGS DEPENDING ON THE ACUTENESS AND SERIOUSNESS OF THE HEALTH DISORDER, BUT GENERALLY MEANS THAT AN INMATE WILL BE PLACED IN CONTACT WITH HEALTH CARE STAFF QUALIFIED TO EVALUATE AND/OR TREAT THE PRESENTING COMPLAINT WITH OUT UNDUE DELAY.

- ★ (D) "REASONABLE AND NECESSARY" MEANS THAT ANY TREATABLE PROBLEM WHICH SIGNIFICANTLY IMPAIRS THE FUNCTIONING OF THE INDIVIDUAL AND/OR PRESENTS A RISK OF CONTAGION TO OTHERS AND/OR WHICH IS LIKELY TO WORSEN OR CAUSE UNNECESSARY SUFFERING WITHOUT TREATMENT. WILL BE EVALUATED AND TREATED ACCORDING TO THE CURRENT COMMUNITY PROFESSIONAL STANDARDS AND PRACTICES OF HEALTH CARE.

- ★ (V) POLICY: IT SHALL BE THE POLICY OF THE DEPT. TO PROVIDE HEALTH CARE SERVICES ACCESSIBLE TO ALL INMATES WHICH AT A MINIMUM, MEET REASONABLE AND NECESSARY HEALTH CARE NEEDS.

(VI) (A) EACH SERVICE SHALL BE ADMINISTERED FROM WITHIN THE DEPT. OF CORR. IN SUCH A WAY AS TO ENSURE PROPER CARE OF INMATES, EFFECTIVE WORKING RELATIONS WITH OTHER DIVISIONS AND STAFF, PROGRAM CONSTITUENCY WITH THE MISSION AND METHODS OF THE DEPT.

- (B) EACH ADMINISTRATIVELY SEPARATE HEALTH CARE SERVICES SHALL ESTABLISH POLICY AND PROCEDURES CONSISTENT WITH APPLICABLE STANDARDS REGULATING THE PROFESSIONAL PRACTICES OF THAT SERVICE.
- (C) EACH SERVICE SHALL ESTABLISH A STAFFING PATTERN, WHETHER BASED ON FUNDED POSITIONS, CONTRACT, OR FEE-FOR-SERVICE, THAT ENSURES AN ADEQUATE NUMBER OF STAFF TO MAKE SERVICES READILY AVAILABLE AND PROPER CREDENTIALING TO ENSURE QUALITY OF CARE.
- (D) EACH SERVICE SHALL ENSURE THAT ALL INMATES ENTERING THE DEPT. ARE SCREENED, THEIR HEALTH STATUS DOCUMENTED AND THAT REFERRALS FOR TREATMENT ARE MADE PROMPTLY WHEN SERIOUS NEEDS EXIST.
- (E) EACH SERVICE SHALL ESTABLISH PROCEDURES FOR INMATE ACCESS TO NECESSARY SERVICES THAT ARE NOT PROVIDED WITHIN THE CONFINES OF THE DEPT. WHEN TRANSFERRED TO ANOTHER FACILITY IS REQUIRED, PROCEDURE MUST ADDRESS MY IMPACT ON LIBERTY INTEREST AND OR STIGMATIZATIONS.
- \* (F) EACH SERVICE SHALL HAVE POLICY AND SUPPORTING DOCUMENTATION ADDRESSING ISSUES OF INFORMED CONSENT ABOUT PROCEDURES THE PRINCIPLE OF LEAST RESTRICTIVE OR INTRUSIVE TREATMENT AND THE RIGHT TO REFUSE TREATMENT.
- (G) EACH SERVICE SHALL KEEP PROPER RECORDS OF HEALTH NEEDS AND SERVICE DELIVERY. PROCEDURES WILL BE WRITTEN FOR SAFEGUARD CONFIDENTIALITY AND FOR INFORMED CONSENT FOR RELEASE OF INFORMATION.
- (H) EACH SERVICE SHALL HAVE A MECHANISM FOR HANDLING REQUEST AND GRIEVANCES IN SUCH A MANNER AS TO ASSURE PROMPT ATTENTION TO NEEDS AND RAPID RESOLUTIONS OF PROBLEMS.
- (I) EACH SERVICE SHALL HAVE FORMAL LINES OF COMMUNICATION WITH THE WARDEN / CENTER SUPERVISOR TO ENSURE PROPER NOTIFICATION CONCERNING HEALTH NEEDS, HEALTH CARE RECOMMENDATIONS AND INCIDENTS RELATING TO HEALTH CARE SERVICES. THIS LINE OF COMMUNICATION SHALL ALSO PROVIDE FOR REGULAR MEETINGS TO RESOLVE PROBLEMS AND CONFLICTS.
- (J) MEDICAL SERVICES SHALL HAVE PROCEDURES FOR DEALING WITH THE SPECIAL NEED INMATES, SUCH AS THE AGED, CHRONICALLY ILL AND THOSE HAVING SEVERELY LIMITED PERCEPTUAL OR MOTOR ABILITIES.
- \* (L) EACH SERVICE SHALL ESTABLISH SOME MECHANISMS OF QUALITY REVIEW AND OR CERTIFICATION TO ENSURE THAT THE SERVICE IS ADEQUATELY PROVIDING FOR THE NEEDS OF THE INMATE POPULATIONS.
- \* (M) EACH SERVICE SHALL PROVIDE FOR TRAINING OF STAFF AND INMATES IN DISEASE PROPHYLAXIS, RECOGNITION OF PROBLEMS, RESPONSE TO EMERGENCY HEALTH PROGRAMS AND HEALTH CARE PROBLEMS.

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3 OF 3

(VII) "STANDARDS FOR HEALTH SERVICES IN PRISON", "NATIONAL COMMUNICATION ON CORRECTIONAL HEALTH CARE, 1987." "CERTIFICATION STANDARDS FOR HEALTH CARE PROGRAMS", AMERICAN CORRECTIONAL ASSOCIATION, 1989. ACT 507 OF 1981, 12-29-405 (REFERENCES)

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1 OF 1

EXHIBIT C-4

ADMINISTRATIVE DIRECTIVE 5-21

SANITATION INSPECTIONS, WATER SUPPLY TESTING, WASTE DISPOSAL & HOUSEKEEPING

\* APPLICABILITY: INSTITUTIONAL STAFF; REFERENCE: JAR 407-SAFETY & SANITATION

APPROVED: ORIGINAL SIGNED BY DIRECTOR LARRY NORRIS; EFFECTIVE DATE 9-7-05

\* (I) POLICY: IT IS THE POLICY OF THE ARK. DEPT. OF CORR. TO PROVIDE A MEANS TO REGULARLY MONITOR THE ENVIRONMENT HEALTH PROGRAMS ESPECIALLY RELATED TO SANITATION INSPECTIONS, WATER SUPPLY TESTING, WASTE DISPOSAL & HOUSEKEEPING.

(II) PROCEDURES: EACH FACILITY WILL BE RESPONSIBLE FOR THE FOLLOWING:

(1)

AN EMPLOYEE WHO SERVES AS COORDINATOR OF THE SANITATION INSPECTION PROGRAM

(2)

A WRITTEN HOUSEKEEPING PLAN FOR EACH HOUSING UNIT AND DEPARTMENT

(3)

ANNUAL INSPECTIONS BY OUTSIDE AUDITORS

(4)

AN EVALUATION OF THE WATER SUPPLY TO ENSURE COMPLIANCE WITH JURISDICTIONAL LAWS AND REGULATIONS. THIS EVALUATION SHOULD COVER SOLID WASTE DISPOSAL PRACTICES AND SEWAGE DISPOSAL.

ORCU Legal Use Only

## (EXHIBIT D-1)

STATE OF ARKANSAS  
COUNTY OF

No: 5:13-Cv-00225-JLH-BD

## AFFIDAVIT

I, Perry Wright 84439

AFTER FIRST BEING SWORN, DO HEREBY SWEAR DEPOSE AND STATE THAT: I WORKED OUT AT CHICKEN HOUSE 1 THRU 3 AT GAMMIS<sup>(S)</sup> UNIT FOR 14 MONTHS<sup>(S)</sup>. ALL THE CHICKEN HOUSES<sup>(S)</sup> WERE UNSANITARY. THE CHICKENS<sup>(S)</sup> WERE CONTAMINATED WITH BOD<sup>(S)</sup> AND OVER CROWDED TO WHERE 50 CHICKENS<sup>(S)</sup> OR MORE DIE EVERY DAY FROM THE STAPH INFECTION. DIE FECE<sup>(S)</sup> CONTAMINATION, IN CAGES BUILT FOR ONLY 3 CHICKEN PURSUANT TO USDA POLICY. BUT THE CONSTITUTION<sup>(S)</sup> OPERATIONS<sup>(S)</sup> COMPRISED, FOR 6 TO 7 IN EACH CASE. SNAKES<sup>(S)</sup> LIVED WITHIN THE FOND OF FECE<sup>(S)</sup> WHERE CHICKEN EGGS<sup>(S)</sup> AND CHICKENS<sup>(S)</sup> WERE EXPOSED TO THE LIQUIDATION OF FECE<sup>(S)</sup> IN EACH HEN HOUSE. ALL EGGS<sup>(S)</sup> ARE TAKEN TO THE EGG PROCESSOR IN THE PROCESS ROOM ABOUT 200 FT. FROM THE HEN HOUSES<sup>(S)</sup> ON THE COMPOUND BUILT TO DETECT CONTAMINATED EGGS<sup>(S)</sup> AND A COUNT ON ALL EGGS<sup>(S)</sup>. ALSO ANYBODY CAN SMELL THE HORRIBLE STENCH FROM THE HENHOUSE, DUE TO THE STAGNATION OF LIQUIDIZED FECES.

I FURTHER SWEAR THAT THE STATEMENT<sup>(S)</sup>, MATTER<sup>(S)</sup> AND THING<sup>(S)</sup> CONTAINED HEREIN ARE TRUE AND ACCURATE TO THE BEST<sup>OF</sup> MY KNOWLEDGE, INFORMATION AND BELIEF.

DATE: 2-26-14

AFFIANT: Perry Wright

SUBSCRIBED AND SWORN TO BEFORE ME, A NOTARY PUBLIC, ON THIS 26<sup>TH</sup> DAY OF February, 2014.

 <b>OFFICIAL SEAL</b> <b>CHARLES COUCH</b> No. 12384738 HOT SPRINGS COUNTY <small>My Commission Expires 10/14/2024</small>	
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NOTARY PUBLIC: Charles Couch

My COMMISSION EXPIRES: 10/14/2024

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**U.S. DEPARTMENT OF AGRICULTURE  
AGRICULTURAL MARKETING SERVICE  
POULTRY PROGRAMS**

SHELL EGG  
REGULATORY  
INSPECTION REPORT

U.S. DEPARTMENT OF AGRICULTURE AGRICULTURAL MARKETING SERVICE POULTRY PROGRAMS		1. NAME OF EGG HANDLER <i>Hawkins Dept of</i>				2. STATE CODE <i>05</i>		3. COUNTY CODE <i>079</i>		4. HANDLER CODE <i>0303</i>		FORM APPROVED - OMB NO. 0581-01		
SHELL EGG REGULATORY INSPECTION REPORT		7. ADDRESS (Include Street, City, State, and Zip Code) <i>Po Box 500 Grady Ar.</i>				8. TYPE OF VISIT (Check one)		9. NATURE OF BUSINESS (Mark appropriate box)						
						<input checked="" type="checkbox"/> Initial (Regular)	<input type="checkbox"/> Release	<input type="checkbox"/> Inedible Poultry with more than 3,000 eggs	<input type="checkbox"/> Crumble Collection Processing					
						<input type="checkbox"/> Makeup	<input type="checkbox"/> Followup	<input type="checkbox"/> Grade Control Station	<input type="checkbox"/> Hatchery					
						<input type="checkbox"/> Other (explain in comments)			<input type="checkbox"/> Control Egg	<input type="checkbox"/> Storageandler				
		10. <input type="checkbox"/> This form reports a change in registration information. (explain in comments)				11. Is record keeping satisfactory? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (explain in comments) <input type="checkbox"/> N/A		12. Is a followup visit necessary? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						
NO.	QUANTITY (dz)	GRADE CODE	SIZE CODE	CHECKS (%)	LEAKERS (%)	DIRTIES (%)	DESCRIPTION OF RETAINED PRODUCT		TAG OR LOT NUMBER	USDA IDENTIFIED	REMARKS			
							LOSS 1						LOSS 2	
1							TYPE	(%)	TYPE	(%)	Restricted Temp (°F)			
2														
3														
4														
5														
<b>TOTAL</b>														
INEDIBLE PRODUCT		QUANTITY (lbs) →		TYPE OF CONTAINER →		RELEASE OF RETAINED PRODUCT		TAG NUMBER →						
TAG OR LOT NUMBER		QUANTITY (dozen)		DISPOSITION CODE		REMARKS								
1														
2														
3														
4														
5														
6														
COMMENTS:								AVERAGE AMBIENT AIR TEMPERATURE		PRODUCT INVENTORY (Dozen)				
Cooler No.		Temp(°F)		Cooler No.		Temp(°F)								
J		44.0												
XL														
L														
M														
S														
PW														
U														
Rest.														
USDA REPRESENTATION								PARTICIPANTS						
TYPED OR PRINTED NAME OF INSPECTOR <i>Chenellis</i>		LICENSE NUMBER <i>-144351</i>	DUTY <i>SI</i>	LICENSE NUMBER	DUTY	LICENSE NUMBER	DUTY	LICENSE NUMBER	DUTY					
SIGNATURE OF INSPECTOR <i>Chenellis</i>								COMPANY REPRESENTATIVE						
TITLE <i>PC 11, Super 10</i>		TYPED OR PRINTED NAME <i>Jay Boyd</i>		SIGNATURE <i>Jay Boyd</i>										
DATE <i>12/12/12</i>														
PY-156 (5-59) M-F Form No. 156, 12-59, Rev. 1-60														

(See reverse of form for sample signature)

(EXHIBIT D-2)

L. MEAT, FISH, AND POULTRY No. 151(1)

(EXHIBIT D-3)

Pg. 1 of 2

## CHICKEN SALAD

INGREDIENTS	WEIGHTS	MEASURES	EACH PORTION: 1 Cup
YIELD: 100 Portions			
Chicken, ✓ broiler-fryer, whole, thawed	50 lb .....	.....	1. Wash chicken thoroughly inside and out under cold running water. Drain well.
Water .....	9½ gal .....	.....	2. Place chicken in stock pot or steam-jacketed kettle; add water, salt, bay leaves, and monosodium glutamate. Bring to a boil; reduce heat; simmer 2 hours or until tender.
✓ Salt .....	7 oz .....	7/8 cup .....	3. Remove chicken. Remove meat from bones; cut into 2½ to 1-inch pieces. Cover; place in refrigerator to chill.
✓ Bay leaves .....	.....	9 leaves .....	
Monosodium glutamate (optional)	.....	9 tbsp .....	

(EX. D-3)  
Pg. 2 OF 2

INGREDIENTS	WEIGHTS	MEASURES	METHOD
Celery stalk, W.H. chopped	12 lb	2 1/4 gal	4. Add celery, peppers and onions to chicken mix thoroughly.
Peppers sweet, L.B. finely chopped	1 lb 8 oz	1 1/3 qt	
Onions, white, L.B. chopped	8 oz	1 1/2 cups	
Chicken, whole breast	3 lb 4 oz	1 cups	5. Add chicken breast. Salt, pepper and other seasonings may be added to taste. Cover tightly and refrigerate for 24 hours.
Butter	4 oz	1/2 cup	6. Remove chicken. Lettuce, leaf, 1 cup; tomatoes, 1 cup; 1 cup of chicken broth and 1 cup of chicken juice serve.
			RECIPE BY JULIA CHILD



IN THE UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF ARKANSAS  
PINE BLUFF

SYLVESTER O. BARBEE, ADC #131311

PLAINTIFF

v.

No: 5:13-CV-225 JLH/BD

ANGELIKA SMARJESSE, AUNDREA  
WEEKLY, and MARIE AUSTIN

DEFENDANTS

DECLARATION OF DR. DIRK HASELOW

I, Dirk Haselow, am employed by the Arkansas Department of Health (ADH) as State Epidemiologist and Medical Director for Communicable Disease and also by the University of Arkansas for Medical Science as an Assistant Professor (Adjunct), in the Departments of Epidemiology and Pediatrics. As State Epidemiologist and Medical Director of Communicable Disease, my job duties and responsibilities include overseeing all surveillance for infectious diseases conducted by the ADH and managing any clusters or outbreaks of illness as appropriate. As an Assistant Professor, I teach a course in infectious disease epidemiology that summarizes the major human pathogens and methods undertaken to control them. At all times relevant to this declaration, I have held these positions. I received my MD from the University of Arkansas for Medical Sciences in 2008 and received my PhD in Epidemiology from the University of Maryland in 2002. I have personal knowledge regarding the following facts and I am competent to testify.

1. The Arkansas Department of Health (ADH) investigated an outbreak of Salmonellosis (salmonella) at the Arkansas Department of Correction's Cummins Unit in August 2012.

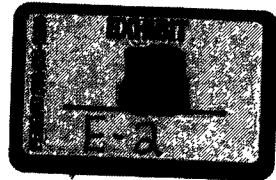
(EX.E-1)  
Pg.2 of 2

2. ADH collected stool and food samples for microbiological analysis and conducted an epidemiologic investigation that included inmate and staff interviews and a case-control study to identify food items involved in the outbreak.

- ③ Laboratory results confirmed the presence of at least five serotypes of salmonella in inmate stools.
- ④ Two of the serotypes involved were new to Arkansas. There is no context as to where these new serotypes originated. As to other common serotypes, the origin of the serotypes is not known. It is known that there is a linkage in food.
5. The serotype information does not contribute to medical care regarding salmonella.
- ⑥ There are no produced reports of what strain each inmate had. Salmonella was confirmed in inmate stools.

I swear, under the penalty of perjury, that the foregoing statements are true.

  
DIRK HASELOW, MD, PhD  
4/21/14  
DATE



IN THE UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF ARKANSAS  
PINE BLUFF

SYLVESTER O. BARBEE, ADC #131311

PLAINTIFF

v.

No: 5:13-CV-225 JLH/BD

ANGELIKA SMARJESSE, AUNDREA  
WEEKLY, and MARIE AUSTIN

DEFENDANTS

**DECLARATION OF DR. DIRK HASELOW**

I, Dirk Haselow, am employed by the Arkansas Department of Health (ADH) as State Epidemiologist and Medical Director for Communicable Disease and also by the University of Arkansas for Medical Science as an Assistant Professor (Adjunct), in the Departments of Epidemiology and Pediatrics. As State Epidemiologist and Medical Director of Communicable Disease, my job duties and responsibilities include overseeing all surveillance for infectious diseases conducted by the ADH and managing any clusters or outbreaks of illness as appropriate. As an Assistant Professor, I teach a course in infectious disease epidemiology that summarizes the major human pathogens and methods undertaken to control them. At all times relevant to this declaration, I have held these positions. I received my MD from the University of Arkansas for Medical Sciences in 2008 and received my PhD in Epidemiology from the University of Maryland in 2002. I have personal knowledge regarding the following facts and I am competent to testify.

1. The Arkansas Department of Health (ADH) investigated an outbreak of Salmonellosis (salmonella) at the Arkansas Department of Correction's Cummins Unit in August 2012.

(Ex.E-2)  
Pg.2 of 3

2. I was involved in the investigation and helped prepare the summary report on behalf of ADH Director and State Health Officer.
3. ADH collected stool and food samples for microbiological analysis and conducted an epidemiologic investigation that included inmate and staff interviews and a case-control study to identify food items involved in the outbreak.
4. Laboratory results confirmed the presence of at least five serotypes of salmonella in inmate stools.

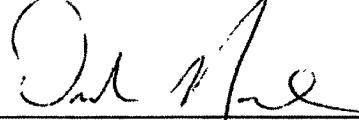
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9-27-12

5. Food testing identified that eggs from the Cummins prison hen house were contaminated with two exceptionally rare salmonella strains matching those found in ill inmates at the Cummins Unit. Cummins uses eggs from its hen house in preparation of food items served at the unit.
6. The investigation included a foodborne disease outbreak questionnaire, asking inmates to identify any food item eaten from the time of Tuesday, August 7, 2012 through Saturday, August 11, 2012.
7. The results of the investigation indicated that locally grown eggs colonized with salmonella were, at least in part, a cause of the outbreak. The investigation revealed that several food items served in the prison cafeteria were involved. Further, person-to-person transmission likely accounted for many of the cases.
8. ADH recommended several measures to limit further salmonella transmission and to prevent future foodborne outbreaks in the overall Arkansas Department of Correction prison system.

(EX.E-2)  
P6.3 OF 3

9. The measures recommended include improving the prison kitchen infrastructure, promoting hand hygiene, mandating food safety training for free-world kitchen staff and inmates, proper cleaning and sanitization of the kitchen, compliance with safe food preparation and storage practices, and follow-up testing of inmates with laboratory-confirmed salmonella who work in the prison kitchen  
~~(symptomatic kitchen workers identified at the time of interview were excluded from kitchen duties until negative for salmonella, which likely prevented ongoing contamination of food served in the prison and limited further person-to-person spread of the illness).~~

I swear, under the penalty of perjury, that the foregoing statements are true.

  
DIRK HASELOW, MD, PhD  
3/5/14  
DATE